

SCHEDULE 4 – QUALITY REQUIREMENTS

A. Operational Standards

Ref	Operational Standards	Threshold (2015/16)	Method of Measurement (2015/16)	Consequence of breach	Timing of application of consequence
	Mixed sex accommodation breaches				
E.B.S.1	Sleeping Accommodation Breach	>0	Verification of the monthly data provided pursuant to Schedule 6C in accordance with the Professional Letter	£250 per day per Service User affected	Monthly
	Mental health				
E.B.S.3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care	Operating standard of 95%	Review of monthly Service Quality Performance Reports	Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each excess breach above that threshold	Quarterly

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B. National Quality Requirements

National Quality Requirement	Threshold (2015/16)	Method of Measurement (2015/16)	Consequence of breach	Timing of application of consequence	Applicable Service Specification
Publication of Formulary	Continuing failure to publish	Publication on Provider's website	Withholding of up to 1% of the Actual Monthly Value per month until publication	Monthly	All Service Specifications
Duty of candour	Each failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident (as per Guidance)	Review of monthly Service Quality Performance Report	Recovery of the cost of the episode of care, or £10,000 if the cost of the episode of care is unknown or indeterminate	Monthly	All Service Specifications
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	99%	Review of monthly Service Quality Performance Report	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	All Service Specifications
Completion of Mental Health Minimum Data Set ethnicity coding for all detained and	Operating standard of 90%	Review of monthly Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach	Monthly	All Service Specifications

National Quality Requirement	Threshold (2015/16)	Method of Measurement (2015/16)	Consequence of breach	Timing of application of consequence	Applicable Service Specification
informal Service Users, as defined in Contract Technical Guidance			above that threshold		
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	Operating standard of 90%	Review of monthly Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	All Service Specifications
All new starters are registered with DBS electronic automatic update with a programme over the 15/16 contract year to ensure 100% of staff are on this type of DBS		Workforce Performance report	In accordance with General Condition 9 (GC9) Contract Management	Monthly	All service specifications

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C. Local Quality Requirements

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Specification
The provider will analyse (with clinical input, where needed) re-admissions/re-contacts with services (if patient discharged) to ascertain the quality of care provision and make service improvements where identified.	Report	Each 6 monthly audit to cover all services. Report to include information about the total number of re-referrals within 6 months and the number of cases in the sample as a percentage of the total. Trust to provide an audit plan for quarter 2 defining the proposed criteria for selecting the audit sample.	Development and implementation of action plan based on case audit	6 Monthly	All service specifications
Care Plans - Young people have a care plan in place within a week of face to face assessment.	Target: 95%	Monthly collection of the number of children /young people with an agreed care plan in place within a week of assessment against the number of children/young people with an agreed care package in place.	If target is not met, complete an audit of all cases where a care plan was not in place within a week, with an action plan to address findings from audit	Monthly	Community CAMHS Eating Disorder Service Learning Disability service
Care Plans are developed in partnership with Children and Young People and a copy given to all people on Care Programme Approach (CPA). Subject to exceptions where these are	90%	The percentage of people on CPA with a copy of their own care plan.	If the target is not met, complete an audit of all cases without a copy of care plan, with an action plan to	Monthly	Community CAMHS Eating Disorder Service Learning

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Specification
agreed between providers and the coordinating commissioner			address findings from audit.		Disability service
Care Plans for people on CPA must be no more than 12 months old. Subject to exceptions where these are agreed between providers and the coordinating commissioner	90%	The percentage of people on CPA having at least one formal meeting in past 12 months.	If the target is not met, complete an audit of all cases where the care plan is more than 12 months old, with an action plan to address findings from audit.	Monthly	Community CAMHS Eating Disorder Service Learning Disability service
Service users subject to CPA have an agreed crisis and contingency plan.	Target: 95%	Monthly - number of children /young people with an agreed crisis and contingency plan in place against the number of children/young people with an agreed care plan in place. Individual to be aware of agreed crisis and contingency plan and any actions.	An audit of all cases where a crisis and contingency plan is not in place with an action plan to address findings from audit. Audit of individuals with a plan to ascertain their awareness.	Monthly	Community CAMHS Eating Disorder Service Learning Disability service Hard to Reach 16-25 year olds service specification
Any changes to clinical management especially regarding medications changes need to be reported to GP within 3 working days.	Target: 95%	Quarterly –the number of medication changes made during medication review appointments; the number of GPs informed within 3 working days and the number of GPs informed after 3 working days. Bi-annual feedback from GP practices	Medical management audit in the reporting quarter with an action plan to address	Quarterly	Community CAMHS Learning Disability service

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Specification
			findings from audit		
The Provider carries out annual PLACE (Patient Led Assessment of Care environment)	Annually following PLACE	CCG to be informed of inspection and action plan to be reviewed through quality agenda of the Contract Review Meeting (CRM)	Contract Management (GC9)	Annually	All service specifications
Referrals to the Single Point of Access to receive signposting information within 24hrs of referral.	Target: 100%	<p>Quarterly Audit of 100 responses to referrals. To ensure that all referrals receive signposting advice via telephone, email or in writing within 24hrs. Consistency of response to be audited, to ensure all audited responses contain the same information and that young people and parents/carers are aware of online support available.</p> <p>To Audit-</p> <ol style="list-style-type: none"> 1. Number of repeat requests for support (within 12 months of first request); 2. Number of urgent/crisis referrals and number receiving support within 24 hours; 3. Number of requests for support triaged within 72 working hours; 		Quarterly	All service specifications/ Single Point of Access Specification
Routine cases: For all people waiting for referral to screening over 4 weeks to have a harm review carried out.	Target: 95%	Monthly- those patients who have waited for four weeks or more from referral to screening to have a harm review carried out and any actions to be communicated with patient/family/carers.		Monthly	All service specifications

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Specification
<p>Urgent cases: For all people waiting for referral to screening over 1 week to have a harm review carried out.</p> <p>In cases of emergency, the eating disorder service should be contacted to provide support within 24 hours</p>		<p>Monthly- those patients who have waited for one week or more from referral to screening to have a harm review carried out and any actions to be communicated with patient/family/carer.</p> <p>Develop an audit tool after 3 months of service being in post when we can review the waiting list capacity. We do not want to overwhelm a service with harm reviews so that it becomes difficult to clear waiting lists</p>			
<p>For all people waiting from Screening to assessment over ?? weeks to have a harm review carried out.</p>		<p>Develop an audit tool after 3 months of service being in post when we can review the waiting list capacity. We do not want to overwhelm a service with harm reviews so that it becomes difficult to clear waiting</p>			
<p>For all people waiting from assessment to treatment for over ?? weeks to have a harm review carried out.</p> <p>-</p>		<p>Develop an audit tool after 3 months of service being in post when we can review the waiting list capacity. We DO NOT want to overwhelm a service with harm reviews so that it becomes difficult to clear waiting</p>			
<p>Quality t Visits</p>	<p>Report</p>	<p>Commissioner to work with provider to agree and plan joint Quality Visits and share outputs. This will be part of a programme of 'deep dives' to otake place across the year from a performance and quality perspective. Actions to be monitored through quality agenda of the CQRM.</p>	<p>Contract Management (GC9)</p>	<p>As and when</p>	<p>All service specifications</p>

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Specification
Urgent Referral To Assessment - 10 working days	90%	External urgent referrals seen within 10 working days -	Contract Management (GC9)	Monthly	-
Urgent Assessment to face to face first direct intervention -	90%	People referred urgently and seen for a 2nd appointment within 15 working days - as a % of total people seen for 2nd appointment who were referred urgently.	Contract Management (GC9)	Monthly	
The provider can demonstrate that the peer reviews have taken place and service improvements have been implemented as a result	Report	Twice yearly reports received of peer review findings and resulting actions to improve the service and action plan in place to implement peer reviews.	Contract management	Bi-annually	

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D. Never Events

Never Event Breach	Threshold	Method of Measurement	Never Event Consequence (per occurrence)	Applicability
The occurrence of a Never Event as defined in the Never Events Policy Framework from time to time	>0	Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report	In accordance with Never Events Policy Framework, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	All healthcare premises and settings

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E. Commissioning for Quality and Innovation (CQUIN)

CQUIN Table 1: CQUIN Schemes

<p>To be completed in line with contract longstop date</p>
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CQUIN Table 2: CQUIN Payments on Account

Commissioner	Payment	Frequency/Timing	Agreed provisions for adjustment of CQUIN Payments on Account based on performance

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F. Local Incentive Scheme

Not Applicable

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G. Clostridium difficile

NOT USED

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H. CQUIN Variations

Not Applicable

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